REVIEW ARTICLE

10.5005/jp-journals-10051-0085

Dentistry in Air

¹Karabi Das, ²Mehak Dogra, ³Jayshree Gaur, ⁴Namrata Dwivedi

ABSTRACT

Subjection to microgravity and the space domain in space missions plays a prime role in well-being of astronauts. A number of calculative steps have been evolved and used for carrying these physiological changes. Adaptation of astronauts to such conditions is of prime concern. Aeronautical dentistry is a newly perceptible specialty in dentistry regarding its use to aeronautical territory. It is important to select only those astronauts with ideal oral health. This study is an attempt to recognize the outcome of microgravity on human body with its significance on orofacial constitution.

Keywords: Aeronautical dentistry, Microgravity, Well-being.

How to cite this article: Das K, Dogra M, Gaur J, Dwivedi N. Dentistry in Air. Int J Oral Care Res 2017;5(1):68-70.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

In a flight, the aircrew ensures the safety of all the staff and passengers. Sudden debilitated health conditions could endanger the flight's safety. Henceforth, it is necessary that all the members traveling are in a proper health condition.^{1,2} Since ages, it is believed that microgravity plays a major role on human physiology and astronauts linked with various health-related issues during spaceflights, such as bone loss, muscle atrophy, cardiac dysrhythmias, and altered orientation.³⁻⁵ Research says that during simulated skylab mission, there is an alteration in the flow, and composition of saliva along with oral health is jeopardized.^{6,7}

As we entered the modern 20th century, in-flight health conditions began to be reported, including those

¹⁻⁴Postgraduate Student

- ¹Department of Oral Medicine and Radiology, Divya Jyoti College of Dental Sciences & Research, Ghaziabad, Uttar Pradesh, India
- ²Department of Pedodontics and Preventive Dentistry, Divya Jyoti College of Dental Sciences & Research, Ghaziabad, Uttar Pradesh, India

^{3,4}Department of Periodontology and Oral Implantology, ITS Dental College, Murad Nagar, Uttar Pradesh, India

Corresponding Author: Karabi Das, Postgraduate Student Department of Oral Medicine and Radiology, Divya Jyoti College of Dental Sciences and Research, Ghaziabad, Uttar Pradesh India, Phone: +918958696036, e-mail: karabidas10@gmail.com relating to the face and the oral cavity. Debilitated health conditions, in-flight pain, vertigo, incapacitation, and premature cessation of flights were the main concern of carving guidelines for dental care of the members, which has been gaining concern in the publications since 60 years.⁸⁻¹²

Studies reported that in-flight pressure in the pulp chamber due to metallic restorations may produce odontalgia. Henceforth, it is advised to replace with plastic restorations.¹³ However, due to insufficient data and knowledge about in-flight dental health, vision of postgraduate training in aviation dentistry is not up to the mark.¹⁴ Moreover, research work is negligible and only briefly discussed in dental textbooks.^{15,16}

HEAD AND FACE BAROTRAUMA

According to Boyle's Law, the volume of gas at constant temperature varies inversely with the surrounding pressure. The changes in gas volume inside the body's rigid cavities, associated with the changing atmospheric pressure, can cause several adverse effects known as *barotrauma*. Barotrauma can occur during flying, diving, or hyperbaric oxygen therapy.¹⁷

EFFECT ON ORAL HEALTH AND PERIODONTIUM

A major side effect is osteoporotic changes and teeth mobility after each space flight. Due to change in microgravity, there are changes in normal oral mucosal flora. Eventually, there is a variation in salivary flow rate and quality of saliva¹⁸ such as:

- 8-Hydroxydeoxyguanosine levels were increased due to increase in oxidative stress.¹⁹
- Salivary glucosyltransferase B levels were increased.

Other changes recorded due to fluid shift mechanism are:

- Obstruction in sublingual and submandibular opening duct regions
- Abnormal facial expression
- Loss of sensation of pain and temperature
- Xerostomia leading to increase in incidence of caries with teeth more prone toward periapical and periodontal pathologies²⁰
- Change in taste, edema of face
- Reduced mandibular movements in microgravity environment were observed.



BARODONTALGIA

Barodontalgia (previously known as *Aerodontalgia*), caused by a variation in barometric pressure, in an asymptomatic tooth, may be sufficient to jeopardize in-flight dental health conditions.¹⁴ Data revealed barodontalgia to be one of the major complaints in altitude chamber simulations carried out in the United States Air Force in the 1940s.²¹

Analogously different altitude chamber simulations showed:

- 0.26% of the German Luftwaffe during the 1980s
- 0.3% of the Turkish Air Force flights in the last decade²² Barodontalgia is usually a sudden outburst of already

prevailing subclinical oral-maxillofacial disease due to an alteration in barometric pressure. Possible origination of barodontalgia: Dental caries, defective tooth restoration, pulpitis, pulp necrosis, apical periodontitis (jawbone cyst and granuloma), periodontal pockets, impacted teeth, and mucous retention cysts.²³⁻²⁵

PREVENTION

Due to continuous efforts of research and published articles, measures have been taken to demonize the chaos of in-flight dental situations of pressure alterations compared with earlier times.⁹ Rayman highlighted the significance of healthy dental standards by crewman, in order to intercept in-flight debilitations as well as to shut off prevention of dental issues in secluded places (where dental unit is not available or where contagious diseases, such as acquired immunodeficiency syndrome and hepatitis prevail and there is increased risk of infection throughout dental treatment).¹¹ Dentists plays an important role in educating their patients about the significance of a nutritional diet and encourage them in upholding proper oral hygiene.

FLIGHT RESTRICTION

Flight grounding of a patient is necessary when intervention in the flight capabilities of the crew member is doubted. Certain drugs can cause dizziness or lack of concentration (e.g., analgesics), whereas others can cause diarrhea (e.g., antibiotics). Alteration in the pressure for several hours after any dental surgery can dislocate the blood clot leading to intraoral bleeding, with problems in speech. Furthermore, in such environment, the risk of emphysema accentuates as well.²⁶ Situations where jet and helicopter pilots have facial swelling due to any dental extraction can restrict them from wearing helmets adequately.²⁷ Also people having oroantral communication should be restricted.²⁸

DOCUMENTATION

Obtainable as well as current dental documentation is most functional for recognition in air crashes as the corpses in such cases are generally not in a condition to be identified by fingerprints. Moreover, other procedures, such as deoxyribonucleic acid profile analysis may be used but it comes with difficulty and is time consuming. Dental comparison is often the primary method of identifying disaster victims due to the high likelihood of dental anatomy preservation in traumatic deaths (up to 1,600°C). Sustaining dental arches can be instantly used for recognition purposes, provided there are existing antemortem dental data. A recent panoramic radiograph is most helpful for comparison with the postmortem dental arch.²⁹

CONCLUSION

In-flight dental problems are often faced by crew members and passengers, which creates a lot of hindrance for everyone. So, this study is an attempt to create awareness among dentists and help them to encourage their patients to know and take necessary prevention against such odds.

ACKNOWLEDGMENT

"Man must fly above the earth to the top of atmosphere and beyond for only then he will fully understand the world in which he lives." – Socrates

REFERENCES

- 1. Zadik Y. Aviation dentistry current concepts and practice. Br Dent J 2009 Jan;206(1):11-16.
- Clark JB. Risk assessment and clinical aeromedical decisionmaking. Aviat Space Environ Med 1993 Aug;64(8):741-747.
- Rai B, Kaur J, Foing BH. Evaluation by an aeronautic dentist on the adverse effects of a six-week period of microgravity on the oral cavity. Int J Dent 2011 Oct;2011:548068.
- 4. Herault S, Fomina G, Alferova I, Kotovskaya A, Poliakov V, Arbeille P. Cardiac, arterial and venous adaptation to weightlessness during 6-month MIR spaceflights with and without thigh cuffs (bracelets). Eur J Appl Physiol 2000 Mar;81(5):384-390.
- Oganov VS, Grigor 'ev A, Voronin LI, Rakhmanov AS, Bakulin AV, Schneider VS, LeBlanc AD. Bone mineral density in cosmonauts after flights lasting 4.5-6 months on the Mir orbital station. Aviakosm Ekolog Med 1992 Sep-Dec;26(5-6):20-24.
- Brown LR, Frome WJ, Wheatcroft MG, Riggan LJ, Bussell NE, Johnston DA. The effect of skylab on the chemical composition of saliva. J Dent Res 1977 Oct;56(10):1137-1143.
- Savage DK. A brief history of aerospace dentistry. J Hist Dent 2002 Jul;50(2):71-75.
- 8. Eidelman D. Vertigo of dental origin: case reports. Aviat Space Environ Med 1981 Feb;52(2):122-124.
- Hanna, HH.; Thomas-Yarington, C. Otolaryngology in aerospace medicine. In: DeHart RL, editor. Fundamentals of aerospace medicine. Philadelphia: Lea and Febiger; 1985. p. 525-536.

- 10. Senia ES, Cunningham KW, Marx RE. The diagnostic dilemma of barodontalgia: report of two cases. Oral Surg Oral Med Oral Pathol 1985 Aug;60(2):212-217.
- Rayman, RB. Aircrew health care maintenance. In: DeHart RL, editor. Fundamentals of aerospace medicine. Philadelphia: Lea and Febiger; 1985. p. 407.
- 12. Ellingham HK. Dentistry in the military. Br Dent J 2002;193: 427-428.
- 13. Dimas-Aruti FM. Aviation dentistry. Dent Surv 1949;25:357.
- Kennebeck GR, Knudtzon KF, Goldhush AA, Kennon RH, Wald AH, Bolwerk EH, Ritchey BT, Weiner L, Mitchell DF, Devoe K. Symposium on problems of aviation dentistry. J Am Dent Assoc 1946 Jul;33(13):827-844.
- Ingle, JI.; Dudley, HG. Differential diagnosis and treatment of dental pain. In: Ingle JI, Bakland LK, editors. Endodontics, 4th ed. Baltimore (MD): Williams and Wilkins; 1994. p. 444.
- Mumford, JM. Pain from the periodontal tissues. In: Orofacial pain, 3rd ed. Edinburgh: Churchill Livingstone; 1982. p. 234-235.
- 17. Stewart TW Jr. Common otolaryngologic problems of flying. Am Fam Physician 1979 Feb;19(2):113-119.
- Bohra A, Vengal M, Patil N, Udawat V. Maxillofacial aeronautics: an evolving entity. SRM J Res Dent Sci 2016 Aug;7(3): 205-207.
- Oppenheim FG, Xu T, McMillian FM, Levitz SM, Diamond RD, Offner GD, Troxler RF. Histatins, a novel family of histidinerich proteins in human parotid secretion. Isolation, characterization, primary structure, and fungistatic effects on *Candida albicans*. J Biol Chem 1988 Jun;263(16):7472-7477.

- Offner GD, Troxler RF. Heterogeneity of high-molecularweight human salivary mucins. Adv Dent Res 2000 Dec;14(1): 69-75.
- Sipahi C, Kar MS, Durmaz C, Dikicier E, Bengi U. Türk Hava Kuvvetleri uçucu personelinde görülen barodontalji prevalansý. Gülhane Týp Dergisi 2007;49:1-4.
- Kollmann W. Incidence and possible causes of dental pain during simulated high altitude flights. J Endod 1993 Mar; 19(3):154-159.
- 23. Zadik Y, Chapnick L, Goldstein L. In-flight barodontalgia: analysis of 29 cases in military aircrew. Aviat Space Environ Med 2007 Jun;78(6):593-596.
- 24. Zadik Y. Barodontalgia due to odontogenic inflammation in the jawbone. Aviat Space Environ Med 2006 Aug;77(8): 864-866.
- 25. Wilson GA, Galle S, Greene C. Subcutaneous emphysema after extraction of maxillary teeth: report of a case. J Am Dent Assoc 1983 Jun;106(6):836-837.
- Gibbons AJ. In-flight oral-facial pain. Br Dent J 2003 Jan;194(1):5.
- 27. Susarla SM, Blaeser BF, Magalnick D. Third molar surgery and associated complications. Oral Maxillofac Surg Clin North Am 2003 May;15(2):177-186.
- Smith A. Disaster victim identification of military aircrew, 1945-2002. Aviat Space Environ Med 2003 Nov;74(11): 1198-1200.
- 29. Zadik Y, Somekh M. Periodic dental imaging of aircrews: a supportive opinion [Abstract]. The 2nd Israeli National Conference of Aviation Medicine, Herzeliya, January 2006.

